Provider Number	Hospital Name	Address 1
050517	VICTOR VALLEY COMMUNITY HOSPITAL	15248 11TH ST
050709	DESERT VALLEY HOSPITAL	16850 BEAR VALLEY RD

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Address 2	Address 3	City	State
		VICTORVILLE	CA
		VICTORVILLE	CA

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ZIP Code	County Name	Phone Number
92392	SAN BERNARDINO	7602458691
92395	SAN BERNARDINO	7602418000

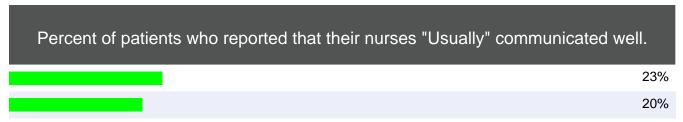
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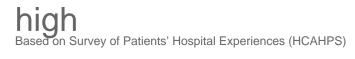
Percent of patients who reported that their nurses "Sometimes" or "Never" communicated well.
14%
9%

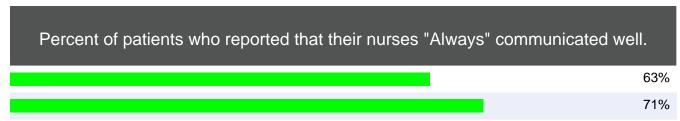
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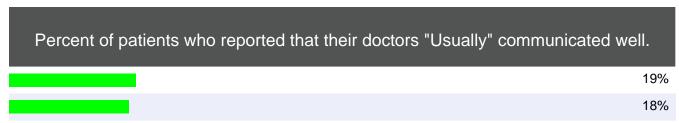
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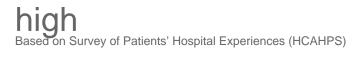
Percent of patients who reported that their doctors "Sometimes" or "Neve	r"
	11%
	9%

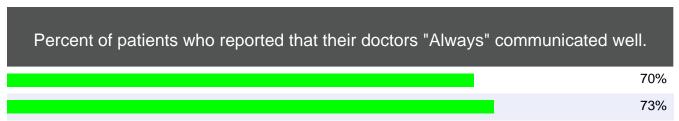
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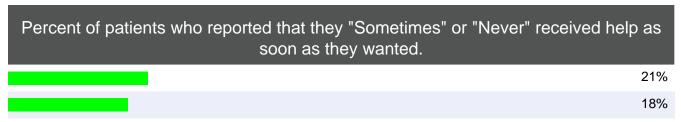
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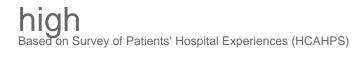


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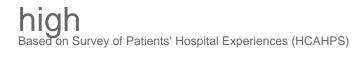


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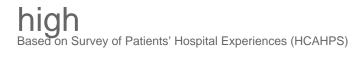
Percent of patients who reported that their pain was "Sometimes" or "Never" we controlled.	ell
	14%
	10%

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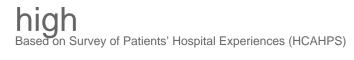


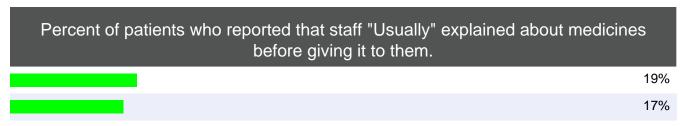
Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.

27%

31%

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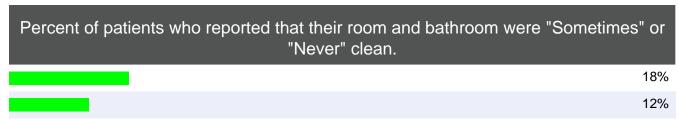
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Percent of patients who reported that state before giving	· ·
	54%
	52%

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Percent of patients who reported that their room and bathroom were "Usually" clean.

20%
18%

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Percent of patients who reported that their room and b	athroom were "Always" clean.
	62%
	70%

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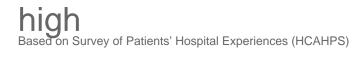
· · · · · · · · · · · · · · · · · · ·	ne area around their room was "Sometimes" ' quiet at night.
	23%
	22%

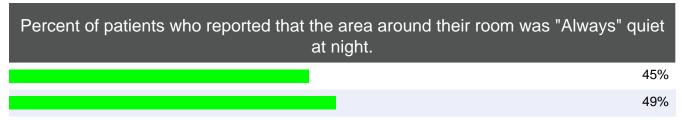
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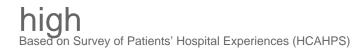
Percent of patients who reported that YES,they were given informat	ion about what to
do during their recovery at home.	ion about what to
	77%
	79%

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Percent of patients who reported that they were not given information about wh do during their recovery at home.	at to
	23%
	21%

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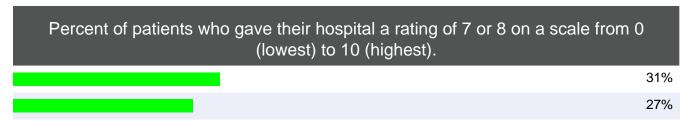


Percent of patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).

18%

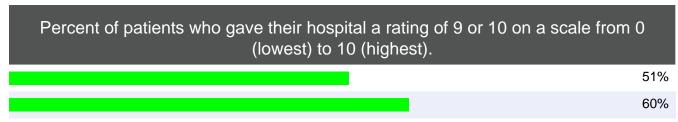
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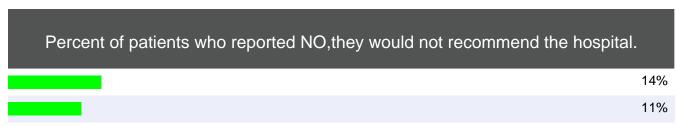
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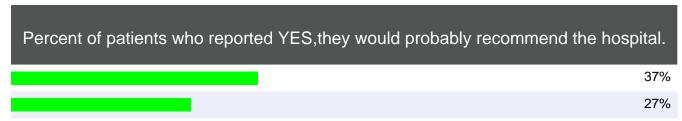
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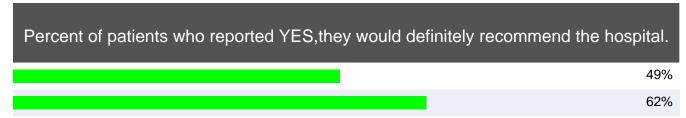
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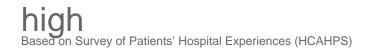


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Number of Completed Surveys

300 or more

300 or more

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Survey Response Rate Percent	Hospital Footnote
21%	
19%	

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